ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 120

Registered No. 123

1. PLACE OF BIRTH

County ~~Globe~~ Gila State Arizona

District or Township ..... or Village .....

City Globe No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louis Villalobos { If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other: ✓

5. No., in order of birth: ✓

6. Legitimate? yes

7. Date of birth: June 15, 1926 (Month, Day, Year)

FATHER

8. Full name: Jesus Villalobos

9. Residence (Usual place of abode): Globe, Ariz.

If non-resident, give place and state.

10. Color or race: Mexican

11. Age at last birthday: 30 (Years)

12. Birthplace (city or place): Mexico

(State or country)

13. Occupation: Miner

Nature of industry

MOTHER

14. Full maiden name: Bernarda Soya

15. Residence (Usual place of abode): Globe, Arizona

If non-resident, give place and state.

16. Color or race: Mexican

17. Age at last birthday: 27 (Years)

18. Birthplace (city or place): Mexico

(State or country)

19. Occupation: Housewife

Nature of industry

20. Number of children of this mother: three

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: two

(b) Born alive but now dead: one

(c) Stillborn: none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 3 p.m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper

Physician (Physician or midwife).

Address Globe, Arizona

Given name added from a supplemental report ..... Month, day, year

..... Registrar

Filed 6/31, 1926. W. W. Horet. Registrar

352-615-231

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

MARGIN RESERVED FOR BINDING